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INTELLECTUAL AND DEVELOPMENTAL
DISABILITIES TECHNICAL ADVISORY
COMMITTEE (IDD TAC) MEETING

CHFS BOARD ROOM
2ND FLOOR IN THE PUBLIC HEALTH BUILDING
275 EAST MAIN STREET
FRANKFORT, KY 40621
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1 MR. CHRISTMAN: Hi. I'm Rick Christman and
2 it's been a while since we've met; right? It's been a
3 few months?

4 MS. CLARK: Yeah. It's been a few months.

5 MR. CHRISTMAN: So I think we'll just go
6 around and introduce one another. My name is Rick
7 Christman and -- well, there's Sherri. We have
8 another member.

9 MR. HARVEY: That gives us four out of nine.

10 MR. CHRISTMAN: Closer. I represent KAPP.

11 MR. HARVEY: I'm Wayne Harvey. I'm here on
12 behalf of KAPP and I represent private providers.

13 MR. LANG: I'm Clyde Lang and I'm here
14 representing LeadingAge.

15 MS. GRESHAM: Lori Gresham, Department of
16 Medicaid Services.

17 MS. CLARK: Alisha Clark, Department of
18 Medicaid.

19 MR. GRESHAM: Earl Gresham, Medicaid.

20 MS. WELLS: Hi. I'm Tonia Wells. I'm with
21 the Department for Aging and Independent Living.

22 MS. BROTHERS: I'm Sherri Brothers. I'm with
23 the ARC of Kentucky.

24 MS. WISE: I'm Lisa Wise. I'm from
25 CommuniCare.

1 MS. TERRY: I'm Cathy Terry with Medicaid.

2 MS. PRESLEY: Laura Presley, Department for
3 Community Based Services.

4 MR. HANNA: David Hanna with Passport.

5 MS. MAGRE: LeAnn Magre with WellCare.

6 MR. PIAGENTINI: I'm Tony Piagentini from
7 WellCare.

8 MS. BLACKWELL: Alice Blackwell, DDID.

9 MS. LOCKER: Barb Locker, DDID.

10 MS. WHEELER: Dawn Wheeler, Medicaid.

11 MR. CHRISTMAN: Like I say, we don't have a
12 quorum, but we could introduce Sherri too, as well as
13 Wayne. Now, is it in the -- is it statutory that the
14 ARC representative is the co-chair of this group or is
15 that just something we've done historically?

16 MR. GRESHAM: The chair/co-chair is supposed
17 to be elected the first meeting after the end of the
18 fiscal year, which would probably be this meeting
19 except there's no quorum.

20 MR. CHRISTMAN: Okay. Well, you can be the
21 honorary co-chair. And so, but is someone from ARC by
22 their -- are they automatically -- they have a member
23 on this committee; is that by regulation?

24 MR. GRESHAM: Let me look it up real quick.

25 MS. BROTHERS: That's what I'm told.

1 MR. CHRISTMAN: I believe that's true. It
2 is?

3 MS. CLARK: Let's see. One member shall be
4 appointed by the ARC of Kentucky. So, Sherri, you'll
5 be representing --

6 MS. BROTHERS: I will.

7 MS. CLARK: -- ARC at IDD TAC.

8 MS. BROTHERS: Okay.

9 MR. GRESHAM: For how long? I mean, are you
10 planning on doing it for a while --

11 MS. BROTHERS: Yes.

12 MR. GRESHAM: -- or is it just this meeting?

13 MS. BROTHERS: For a while.

14 MR. GRESHAM: Okay. Thank you.

15 MR. CHRISTMAN: And introducing Wayne Harvey,
16 KAPP, replacing Johnny.

17 We have on the agenda -- do we have any
18 vacancies right now, Earl?

19 MR. GRESHAM: There's one -- it looks like
20 one of the members passed away, Carol Ann Mueller, so
21 that is a vacancy.

22 MR. CHRISTMAN: Even though we have -- so how
23 many actual members do we have now? Do we have eight?

24 MR. GRESHAM: Eight.

25 MR. CHRISTMAN: Okay. But a quorum would

1 still be five because --

2 MR. GRESHAM: That's correct.

3 MR. CHRISTMAN: Well, would you like to talk
4 about Waiver Redesign?

5 MS. GRESHAM: Sure. If you-all want to take
6 one and pass it down there. So as you-all know
7 Department of Medicaid Services, partnering with its
8 sister agencies, DAIL and DDID, are going through a
9 redesign for 1915(c) waivers. In April, we contracted
10 with Navigant through the RFP process to oversee that
11 waiver redesign. If you'll look through your slides,
12 the first few slides are just introductions about who
13 the Navigant team are. The first slide that has four
14 names on it, those four folks are the lead folks over
15 waiver redesign. Jim and Anne are the managing
16 directors. Holly is the project manager and Jason
17 Gerling is the HCB team lead.

18 The next slide you can look at how the team
19 is divided up. Within this team there are individuals
20 who have all kinds of experience. They have
21 experience with -- there's a case manager by trade who
22 has come onto this team. There is a gentleman who was
23 the Director of Aging Services in Georgia and
24 Louisiana. There's Pennsylvania's former Director of
25 Waiver Services who oversaw their waiver redesign.

1 And folks that have contacts within CMS that they're
2 currently still working with and have a long
3 partnership with.

4 If you'll look at the map, that is all of the
5 states that Navigant has worked with for Medicaid
6 services. In the yellow are states where they have
7 actually touched their Long-Term Supports and Services
8 programs. So that would be nursing homes, waivers,
9 anything that falls under long-term supports.

10 The next slide just goes over just common
11 areas that they see --

12 MR. CHRISTMAN: Do you have any idea what the
13 breakdown is of just like -- are some of these states
14 exclusively nursing homes and some are --

15 MS. GRESHAM: I don't know that --

16 MR. CHRISTMAN: Okay.

17 MS. GRESHAM: -- but in almost all of those
18 they have worked with waiver.

19 MR. CHRISTMAN: Okay. So these are most --
20 so they have a lot of waiver experience. Okay.

21 MS. GRESHAM: Yes. They have lots of waiver
22 experience. They are very, very familiar with
23 waivers.

24 MR. CHRISTMAN: Um-hum.

25 MS. GRESHAM: Almost everyone on their team

1 either worked in waiver in other states within the
2 state and then transitioned to Navigant or have been
3 working on waiver redesigns through Navigant.

4 MR. CHRISTMAN: And to back up just a little
5 bit, all the waivers that they're looking at would
6 include Michelle P. and SCL, TBI --

7 MS. GRESHAM: All six waivers.

8 MR. CHRISTMAN: -- what are the other ones?

9 MS. GRESHAM: ABI, ABI Long-Term Care,
10 Michelle P., SCL, HCB and Model Waiver II, all six of
11 our 1915(c) programs.

12 And I wanted to point out, this is not the
13 1115 Waiver. In every meeting I've been in I've had
14 folks tell me that our populations are getting very
15 confused between the two. So, if you are in the
16 public and somebody asks you about waiver redesign,
17 please clarify which one they're talking about and if
18 they are terrified that we're taking -- that
19 Governor Bevin is taking away their waiver--that's
20 what we hear--please educate them about the difference
21 in the two. People are terrified and don't understand
22 the difference in the two.

23 So, the common 1915(c) program focus areas.
24 This is nationwide the areas that they've worked with,
25 issues that they've seen in other states and where, as

1 a whole, 1915(c) focus areas have been. That's not
2 just for Kentucky or exclusive of Kentucky. That's
3 everybody. So we're not alone and we're also very
4 different as well.

5 So where are we now? If you look at the
6 Updated Timeline Sheet, initially this program or this
7 process was set to end June 30th, 2017. Obviously,
8 that date has come and gone. Once we started looking
9 at this and started discussing with Cabinet officials,
10 the Governor's office, we decided that we needed time
11 to do this correctly, not just jump in and make quick
12 changes. We have really been given an open-ended date
13 with the hope to be done in the spring. That's our
14 hope. But we don't have any hard fast deadlines to
15 say you have to have it done by this. They want to
16 give us time to get as much public input as we can and
17 to really take a deep dive into both sides of waiver.
18 By that, I mean the operations of waiver within our
19 house, the Cabinet. We are looking across the Cabinet
20 at workflows to determine that we're doing that the
21 most efficiently we can, and then we will be doing a
22 deep dive into the waiver regulations and applications
23 and those kind of things. So we've been given --
24 we've been given the timeline to do that.

25 Initial recommendations from Navigant related

1 to internal operations will focus on how the Cabinet
2 can enhance inter-departmental coordination, improved
3 workflows. As you-all know there are three operating
4 entities within the Cabinet for waivers. There is
5 DMS, there's DAIL and there is DDID. For a very long
6 time those divisions were very siloed and didn't
7 really have really good communication and didn't look
8 at workflows across the continuum. Since this project
9 has started we've really knocked down those barriers
10 and are really committed to working together so that
11 individuals who utilize these services, whether
12 through service provision or by actually utilizing the
13 services, have a more streamlined process in how to
14 get questions answered, how to work through issues,
15 how to do all those things. Then the long-term
16 changes will come then to the waiver programs
17 themselves, the regulations, those kind of things.

18 So where are we now? In April of 2017, as I
19 said, we started this project. May to July, Navigant
20 interviewed Cabinet staff. So they interviewed staff
21 from DMA, DAIL, DDID as well as Protection and
22 Advocacy, the Ombudsman office, all across the Cabinet
23 to talk about our internal workflow processes. There
24 are two sides of waiver redesign. There's our house
25 where we're building our foundation so that any

1 long-term changes can be sustained so that we
2 understand; one, that we have staffing to do it; two,
3 that the processes are understood from one end of the
4 workflow to the other end so that we can make sure
5 that we have the foundation that whatever the changes
6 time will be sustainable within our workflow
7 processes.

8 In June of 2017 we had our stakeholder
9 kickoff briefing where we talked to stakeholders about
10 what is waiver redesign and what's to come.

11 July to August Navigant worked on putting
12 together a report for us out of those staff interviews
13 and started working -- looking at operational
14 workflows that they'll be working alongside with our
15 staff to optimize and enhance. And then they will be
16 looking at other states, so behind the scenes they are
17 researching what other states do for 1915(c)s, what's
18 CMS's best practice for 1915(c)s looking at what all
19 options are available for waiver services so that when
20 the time comes to look at waiver redesign they can
21 give us a well-rounded group of information. And when
22 they talk to stakeholders they can give them
23 well-rounded information. So that's currently where
24 we are.

25 From now going into winter we're going to be

1 looking at conducting statewide focus groups. In
2 those focus groups there will be participants,
3 caregivers, providers and advocates. And then our
4 hope is then in winter to complete formal assessments
5 of the HCB design options that will meet what we want
6 to happen.

7 The next slide is a map that shows the
8 proposed locations. You-all have already seen this
9 map, so if you will go to the next one there are the
10 dates of where we will be in the cities. The
11 locations I am -- I have confirmed all but three
12 locations and those will be out to our stakeholder
13 list by Friday. So look for the actual locations
14 very, very, very soon. And if all of your-all's email
15 addresses are on that sign-in sheet, I'll make sure
16 that everybody that is in this group will be added to
17 that advocacy list to make sure that you-all get those
18 places so that you can spread that out to people.

19 At those groups there will be four sessions.
20 In the morning we will focus on provider feedback.
21 There will be two groups. There will be an executive
22 level management focus group and then there will be a
23 direct care staff focus group. Because as you know
24 those are two very different perceptions of workflows
25 of how waivers operate so that we can get feedback

1 from both views. In the afternoon --

2 MR. CHRISTMAN: Will you be just asking for
3 volunteers or will you try to actively recruit?

4 MS. GRESHAM: Yes. No, we will be asking for
5 volunteers. I'll --

6 MR. CHRISTMAN: Okay.

7 MS. GRESHAM: -- on the next page it talks
8 about that.

9 In the afternoon we will be meeting with
10 caregivers and individuals who receive service or are
11 waiting to receive services. So you don't have to be
12 on waiver to come to these. If you just want waiver
13 in the future or want to have input then you'll be
14 welcome to come. And so in the afternoon we'll focus
15 on those two types of stakeholders.

16 And to lead into what Rick was asking, on the
17 last page we talk about those focus groups and at the
18 bottom you'll see how to request to be a participant
19 in those focus groups. Now, if you can't make one of
20 the focus groups, I have given each of you-all one of
21 these cards. I know I find my best times when I come
22 up with ideas is when I'm sitting at my desk working
23 on that waiver and I'm like, oh, this is what we need
24 for this piece. This email address, I personally look
25 at every single email that comes into this

1 MedicaidPublicComment@ky.gov. As you're sitting there
2 and come up with, hey, this would be really cool to
3 have in waivers, even if you think it's an
4 out-of-this-world possibility, please send it to that.
5 There is nothing off the table at this point. We went
6 into this with a very open mind to say let's look at
7 all options. Let's look at everything from keeping
8 waivers how they are, which I don't anticipate that
9 happening as we wouldn't be doing redesign if they
10 were working perfectly, or do we want a super waiver,
11 do we want more waivers? Nothing is off the table.
12 Do we want to go to 1915(i) waivers? How do we want
13 to do that? So at this point nothing is off the
14 table. So as you're thinking about things that would
15 enhance waivers, please send them to that email box
16 and those will be included when we are talking about
17 waiver redesign within the regulations.

18 And that's kind of where we are in a nutshell
19 and what we've done up to this point. Do you have any
20 questions?

21 MR. CHRISTMAN: This design of the focus
22 groups, is that Navigant's suggestion? Is that --

23 MS. GRESHAM: No.

24 MR. CHRISTMAN: That was our suggestion here.

25 MS. GRESHAM: That was our suggestion and

1 they're helping us facilitate those.

2 MR. CHRISTMAN: The reason I ask if it's
3 strictly voluntary, I don't know, I mean, this is a
4 lot of groups. You may come up to some communities
5 that you don't have anybody signed up. Would you then
6 try to actively recruit people to get participants
7 there?

8 MS. GRESHAM: Yes. At that point we would
9 resend out and say --

10 MR. CHRISTMAN: So you would make sure we
11 will have a group?

12 MS. GRESHAM: Yes. I would say, hey, we
13 don't have anybody signed up for Paducah. Who do
14 you-all have in that area? Please send this to them.

15 MR. CHRISTMAN: So you would --

16 MS. GRESHAM: Yeah.

17 MR. CHRISTMAN: Right. Good idea.

18 MR. LANG: On the other hand, you may have
19 some locations that have more than 20, and I think
20 it's smart to have 20 because --

21 MS. GRESHAM: Yes. You can't get --

22 MR. LANG: -- you can work with that. But
23 then the next question is --

24 MS. GRESHAM: We will look at additional
25 dates if we get there. Kind of how we came up with

1 that number; one, it's a manageable group. If you
2 have more than that you really -- it just becomes a
3 lot of people just throwing out words and you can't
4 get good information. But when we looked at our focus
5 groups for Final Rule, when you look at -- there's
6 four groups. That's 80 folks that are there within
7 the day. We didn't get to that number when we were at
8 Final Rule, which was very well attended and very well
9 utilized to get public comment. So I don't anticipate
10 that we will even get to 20 at most locations.

11 MR. LANG: But there will be some locations
12 that -- I mean, like Louisville, I mean, you're going
13 to have more.

14 MS. GRESHAM: Yeah. And if we get to that
15 then we will look at additional dates. So, a very
16 thought out process.

17 MR. CHRISTMAN: Right.

18 MS. GRESHAM: We've been very intentional on
19 thinking out how to do those focus groups so that we
20 could get the best information and get well-rounded
21 information.

22 MS. BROTHERS: I have a concern. I feel like
23 in Lexington you're going to get more than 20 easily,
24 I mean especially with parents.

25 MS. GRESHAM: And then we'll look at doing

1 additional -- additional site visits.

2 MS. BROTHERS: Because we just had a meeting
3 Thursday night, and I mean, we had more than 80 people
4 there and they were all concerned about waivers. I
5 just feel like you are going to have a huge response
6 in Lexington, and they have really valid concerns that
7 they want to hear -- they want their voices to be
8 heard.

9 MS. GRESHAM: Absolutely. And we want to
10 hear them. So if we have more sign up, then we will
11 get doing additional things.

12 MR. CHRISTMAN: These common focus -- program
13 focus areas for the states, are we expecting them to
14 look at all these areas in Kentucky, is that your
15 expectation?

16 MS. GRESHAM: No, not necessarily. It
17 depends on whether that's an issue in Kentucky. We
18 are really looking at waivers top to bottom. So if --

19 MR. CHRISTMAN: Right.

20 MS. GRESHAM: -- we come up to that and see
21 that -- and I'm just picking one, ensuring conflict
22 free case management is in place. If we look at that
23 and see that's not an issue in Kentucky, which for
24 like SCL, waivers that have had it for a long time,
25 it's not really an issue because we've had it for a

1 while.

2 MR. CHRISTMAN: Would you expect they would
3 address refining rate methodology and reimbursement?

4 MS. GRESHAM: Yes.

5 MR. CHRISTMAN: That would definitely be on
6 the list.

7 MS. GRESHAM: I would anticipate that we
8 would.

9 MR. CHRISTMAN: And I see a line of the Final
10 Settings rule, so do you think that will be the
11 standard? Even though, I think, haven't they put that
12 off compliance with the Final Settings rule?

13 MS. GRESHAM: So compliance --

14 MR. CHRISTMAN: We would still want to be in
15 compliance with --

16 MS. GRESHAM: Yes. Yes.

17 MR. CHRISTMAN: -- Final Settings as soon as
18 possible. Yeah.

19 MS. GRESHAM: So for Kentucky, we have -- as
20 you know, already received final approval for our
21 transition plan. We have also completed all of our
22 site visits for providers that fall into the
23 heightened scrutiny. That was roughly 200 settings.
24 We don't want the providers work and our work to go to
25 waste. Kentucky right now is on point to be fully

1 implemented by 2019 and we don't -- we don't have very
2 strong guidance on what that extension to 2022 is. It
3 just says --

4 MR. CHRISTMAN: But we don't need it
5 apparently?

6 MS. GRESHAM: We don't need it.

7 MR. CHRISTMAN: Yeah.

8 MS. GRESHAM: And so now is an optimal time
9 to get us where we need to be.

10 MR. CHRISTMAN: So we're going to go full
11 speed ahead --

12 MS. GRESHAM: We are.

13 MR. CHRISTMAN: -- with compliance. I know
14 we've done a very good job with that it seems to me.

15 MS. GRESHAM: Yes. Kentucky -- I presented
16 at the HCB conference in Baltimore two weeks ago now
17 and Kentucky is one of the model states for coming
18 into compliance in how we are looking across our state
19 at all settings and all providers. We have already
20 started those conversations within our TA visits and
21 things like that to start discussing with providers
22 who weren't even in heightened scrutiny that -- to
23 say, okay, here's where we're coming in 2019. Let's
24 make sure you're looking at that. So you-all will be
25 getting discussions with your TAs and with your audits

1 about that.

2 MR. CHRISTMAN: So when -- I know this is a
3 little bit off topic, so when will we be getting
4 deemed like you're number one, you're in full
5 compliance? Is that starting now that we're going to
6 have those --

7 MS. GRESHAM: So you don't have to be deemed
8 one, two, three or four at all anymore.

9 MR. CHRISTMAN: Oh, we don't? Okay.

10 MS. GRESHAM: No. That was to identify the
11 individuals that needed to go to CMS for heightened
12 scrutiny.

13 MR. CHRISTMAN: So if we're not in heightened
14 scrutiny we can assume we're okay?

15 MS. GRESHAM: Well, you will have the
16 discussions just like you do with any other regulation
17 for compliance.

18 MR. CHRISTMAN: Yeah.

19 MS. GRESHAM: So, let's say for conflict free
20 case management, just as you've always had discussions
21 about that piece of the regulation, you will continue
22 to have discussions about -- this is just another part
23 of the regulation. And so your compliance could be in
24 line with that. So it's compliance just like any
25 other part of the regulation.

1 MR. CHRISTMAN: And my understanding is that
2 we don't have a lot of people in heightened scrutiny
3 relative to --

4 MS. GRESHAM: We have about 240 some
5 settings.

6 MR. CHRISTMAN: Oh, we do?

7 MS. GRESHAM: Um-hum.

8 MR. CHRISTMAN: Okay.

9 MS. GRESHAM: Which for us it's not really
10 that large of a number --

11 MR. CHRISTMAN: Right.

12 MS. GRESHAM: -- because when you think of
13 settings it is each location. So, you know, for
14 Independent Opportunities, I don't know how many
15 settings Johnny has, but of all of his settings there
16 may be --

17 MR. CHRISTMAN: There are thousands of
18 settings; right?

19 MS. GRESHAM: Right. There may be two of his
20 that are in heightened scrutiny and that would just be
21 because they're co-located; that doesn't mean that
22 they're not HCB. It just means we have to show CMS
23 that they are.

24 MR. CHRISTMAN: Right.

25 MS. GRESHAM: And so, yes, that's not a large

1 amount in the grand scheme of things.

2 MR. CHRISTMAN: We're not anticipating
3 turning the apple cart over here?

4 MS. GRESHAM: No. No. When I look at our
5 submissions to CMS, our evidentiary packets, there's
6 only been two other states that have put in any at
7 this point. There was, I think, North Dakota and
8 New Jersey. Their evidentiary packets were nowhere
9 near as robust as ours. CMS is very pleased with the
10 amount of information that we give them in those
11 packets. We talked to participants and talked to
12 direct care staff and talked to executive level, so we
13 got the continuum of individuals from beginning of
14 service implementation to end. CMS is really
15 impressed with our service packet, so they have lots
16 of information to go through.

17 MR. CHRISTMAN: Very good.

18 MS. GRESHAM: At the conference they really
19 didn't note to us what their next steps -- when those
20 will take place. We have had our second stakeholder
21 meeting to review evidentiary packets, but we've not
22 submitted those yet because we haven't gotten any
23 feedback from CMS on our first submission. It stands
24 to reason that they believe we did a good job. Since
25 they asked us to present on those specific packets, I

1 would think that they think we did a good job. But we
2 want to hear back from them on how they grade those
3 settings so that we know. For instance, is if in all
4 of those packets they say we need information A,
5 before we send the second submission we can go to
6 those providers and say, hey, they're asking us for
7 information A before we submit you. But we're also
8 not going to wait an indefinite amount of time
9 because, again, we don't want that work to go to waste
10 and we feel like we're on the right track, so . . .

11 MR. CHRISTMAN: Not to belabor this, but do
12 think most of this could be done with paper? I mean,
13 they don't have to come and visit or --

14 MS. GRESHAM: They are really -- they are
15 really taking a step back from saying that they will
16 be doing site visits on all of those.

17 MR. CHRISTMAN: Right.

18 MS. GRESHAM: I guess they went in thinking,
19 oh, we'll go and they didn't realize how many settings
20 that would -- that would entail. So I have not heard
21 them say that they will be doing site visits in quite
22 some time, so . . .

23 MR. CHRISTMAN: Well, I know -- I'm sorry, I
24 know there's other questions on this. Go ahead.

25 MR. LANG: Yeah. I have a question. You

1 talked about workflow and evaluating that. Are
2 you-all looking at, again, electronic communication,
3 electronic records, those types of workflow and
4 re-evaluating those?

5 MS. GRESHAM: We are looking at everything
6 from MWMA and how we look at processes across that
7 within us. We're also looking at something as simple
8 as taking a phone call. You know, somebody will call
9 Alisha and then they'll call Alice and then all of us
10 knowing what information they have so that we can
11 assist them along the process. Because a lot of times
12 we'll just repeat the same information and they'll
13 say, well, I already knew that. Well, it would save
14 us all a lot of time if we all knew what one person
15 said along the way so that we can assist you-all the
16 best way possible.

17 So we're looking at everything from top to
18 bottom. We've identified communication,
19 inter-department communication as an area of focus,
20 prioritizing urgent needs, several things like that.
21 I think there's 20-some identified workflows. Of
22 course, they won't be working on all of those. They
23 will then teach us how to work on those workflows and
24 so when they leave we can continue that process
25 through -- through all of our issues and utilize that

1 process later on.

2 MR. LANG: You also mentioned the
3 reimbursement methodology, that type of thing. Alisha
4 and I talked about this the other day. If, again,
5 looking at adequacy and sustainability programs,
6 financial, if you anticipate -- I'll just do it this
7 way. If you anticipate doing a cost study, which I
8 would strongly urge you to do, I think there's two
9 elements to really be careful with and one is the
10 ability for our -- the ability for our providers to
11 respond to a cost study could be a real challenge. As
12 you know, waiver providers are not required to do cost
13 studies, so they are not familiar with that at all.
14 And when other waiver redesigns or program redesigns
15 will be done across the states, and I'm not sure which
16 ones now did or didn't, a lot of times they're given a
17 very short time period. You know, a cost study is
18 announced. The next week there's a webinar and two
19 weeks later they're expected to be done. And
20 providers who don't do cost studies, and a lot of our
21 providers are small, you know, they're doing
22 checkbooks or they're using the guy down the street to
23 do the accounting and they are just not going to be
24 ready.

25 So I would suggest that, again, as soon as

1 you think that's a possibility is to just even alert
2 them there's going to be -- you know, get your house
3 in order financially so that when we ask this you can
4 respond quickly whenever you get that out, and then
5 give as much lead time as possible. I think that
6 would be -- that would be real important.

7 And the other piece is that when you ask
8 providers about what their costs are, remember that
9 you're getting -- I mean, they're dealing with costs
10 that haven't been -- or revenue that hasn't increased
11 in years --

12 MS. GRESHAM: Right.

13 MR. LANG: -- so they're matching their
14 costs, okay, to that 14-year-old revenue. So you're
15 not going to get a real true cost of what services
16 deliver, and a lot of providers have to go to other --
17 other means. Either other services supporting this or
18 donations or owner equity or whatever, and what might
19 happen is if that is not -- if costs are not adjusted
20 and increased and all of a sudden you find that
21 providers are starting to drop away, you know, you
22 might say, well, we thought the costs were adequate.
23 Yeah, but they were being covered somewhere else. So
24 trying to find what the true cost of the service is,
25 not just what's billed.

1 So those are just a couple of
2 recommendations. I made those the other day to Alisha
3 and I just --

4 MS. CLARK: And I've got them written down
5 right here. Clyde is talking and I was like, hey,
6 we've got them right here.

7 MR. LANG: It was in a little different form.
8 The providers here are really, you know, in the waiver
9 program. If I've misspoken, let me know. You know,
10 let them know, but I think it's just important to stay
11 way in front of that cost study information for
12 providers is just going to be tough.

13 MR. CHRISTMAN: Well, on that line too, I
14 know when Commissioner Anderson was here and she was
15 working on this waiver redesign, she would say she
16 would get a lot of comments that a lot of these day
17 programs are not very adequate. In fact, they weren't
18 even clean, you know. So, in other words, it's not so
19 much, okay, they're working within their revenue, but
20 that cost itself may not even mean that much if what
21 they're spending is not adequate. Are you following
22 what I'm saying?

23 MS. GRESHAM: Um-hum.

24 MR. CHRISTMAN: And, particularly, if we're
25 going to comply with the Final Settings rule and get

1 these folks out in the community, we might have to
2 actually look at these programs and see the quality of
3 them and are they adequate. You know, okay, they're
4 working with -- they're not losing money, but are they
5 providing adequate service.

6 MS. GRESHAM: Right.

7 MR. CHRISTMAN: You see the difference?

8 MS. GRESHAM: Absolutely.

9 MR. CHRISTMAN: Yeah.

10 MS. GRESHAM: And that is -- I can tell you
11 from everybody sitting in this room that works at the
12 Cabinet that is our number one priority is that we
13 have quality services.

14 MR. CHRISTMAN: Yeah.

15 MS. GRESHAM: Now, how we get there is a lot
16 of different avenues. One, it is looking at rates.
17 One, it is looking at how we measure quality.

18 MR. CHRISTMAN: Um-hum.

19 MS. GRESHAM: And looking at that I can tell
20 you that for all of us in this room that is -- we want
21 quality services.

22 MR. CHRISTMAN: Right.

23 MS. GRESHAM: We really want Kentucky --
24 1915(c) within the grand scheme of Medicaid are new
25 programs. These are baby programs. And while they've

1 have been around 20 years, there's really not a good
2 measure of what quality is.

3 MR. CHRISTMAN: Um-hum.

4 MS. GRESHAM: For hospitals you have MIGA
5 standards. You know, there's measurements. For
6 1915(c) there isn't really good measurements. We have
7 the National Core Indicators that talk to standards
8 and those are a good starting place, but by and large
9 1915(c)s aren't great on how good they are. And
10 Kentucky really wants to be on the cutting edge and a
11 model of what good 1915(c) -- not just good, but great
12 1915(c) waiver programs are.

13 MR. CHRISTMAN: I would say the Final
14 Settings rule is not the be all and end all, but it
15 certainly is -- I think it helps --

16 MS. GRESHAM: It does.

17 MR. CHRISTMAN: -- as a measure.

18 MS. GRESHAM: It does.

19 MR. CHRISTMAN: Yeah.

20 MR. LANG: I'm glad to hear you talk about
21 quality, and I was in Baltimore with 1400 of our
22 favorite friends as well and they talked a lot about
23 quality and measuring quality. And I've been looking
24 at it for quite some time and there's not a standard
25 yet across the nation. I think there's a lot of good

1 elements, but a lot of it comes from long-term care or
2 acute care.

3 So I would suggest that, if you're open to
4 it, is to maybe have a limited conversation with
5 caregivers and providers about what is quality
6 outcomes. And, you know, it would be great to see
7 Kentucky come up with a standard that works for us
8 that other states could use, because there's not --
9 again, there's pieces out there as you said --

10 MS. GRESHAM: Um-hum.

11 MR. LANG: -- but there's no consensus and
12 they are not really hitting the mark. So, you know,
13 if -- again, just a novel idea, bring some caregivers
14 and some providers together and say what does -- what
15 is a quality outcome, not necessarily measure, but an
16 outcome. So, just a thought.

17 MS. GRESHAM: Absolutely. Thank you.

18 MR. CHRISTMAN: And just from my subjective
19 opinion, the system we have of having consistent rates
20 I think is a very good one. I hope we don't get away
21 from that. I think it's very good.

22 Other questions? We do have a quorum now;
23 right? We've got some -- Christian, do you want to
24 introduce yourself?

25 MR. STEWART: Yeah. Christian Stewart. I'm

1 the caregiver for a Michelle P. Waiver recipient.

2 MR. CHRISTMAN: We have some other new people
3 that have come in.

4 MS. BENTLEY: Katie Bentley. I'm the Public
5 Policy Coordinator at the Commonwealth Council on
6 Developmental Disabilities.

7 MR. CHRISTMAN: Other new folks that came in?

8 MS. SMITH: I'm Pam Smith with DXC.

9 MS. MARTIN: I'm Nikki Martin with DXC.

10 MR. CHRISTMAN: Thank you. Do we have
11 somebody on the phone by the way? I'm sorry. I
12 didn't check on that.

13 MS. GRESHAM: We do. They were from
14 CommuniCare.

15 MS. WHEELER: Terry Reems.

16 MR. REEMS: Yes, I'm still here.

17 MR. CHRISTMAN: Okay. All right. Good.

18 REPORTER: And if I could get you-all to --
19 if you're going to say something state your name
20 beforehand, it would really help me.

21 MR. CHRISTMAN: Sure.

22 REPORTER: Thank you.

23 MR. CHRISTMAN: Tonia, will you give us an
24 update on the DAIL Commissioner? Do you know what's
25 happening with that?

1 MS. WELLS: Well, we do have Judge --

2 MR. CHRISTMAN: Is that you?

3 MS. WELLS: No. No. And that's a good
4 thing. We have Deputy Secretary Judge Tim Feeley who
5 is acting as our Commissioner for the Department for
6 Aging and Independent Living. He's been with us since
7 the beginning of May. I do believe that right now he
8 is stewing over kind of like possibly what, you know,
9 would be a good fit for our department, but in the
10 meantime I think what he's focused on is getting to
11 understand our department and all the facets of that,
12 because we do a lot of different things that are not
13 necessarily interconnected --

14 MR. CHRISTMAN: Right.

15 MS. WELLS: -- and so he's just been getting
16 his feet wet in understanding all of that. His
17 background is more in children and so working with the
18 adults and the aging population in the Division of
19 Guardianship is fairly new to him, so he's learning a
20 lot of that. So he's been a wonderful asset to our
21 department. So I don't think he is in any rush to
22 name anyone because I think he's wanting to ensure
23 that we have the right individual leading our group.

24 So, in the meantime, Lala Williams who is our
25 Deputy Commissioner, serves as overseeing the aging

1 component, and then myself, I oversee the Division of
2 Guardianship and, as I always have, the component of
3 waiver.

4 MR. CHRISTMAN: Right. So you may have to
5 wait for until this waiver redesign comes. You don't
6 even know the scope of your own department yet really.

7 MS. WELLS: Well, I think we know the scope
8 of our department. I think what --

9 MR. CHRISTMAN: But it might change is what
10 I'm saying.

11 MS. WELLS: Well, it could. Absolutely.

12 MR. CHRISTMAN: Yeah.

13 MS. WELLS: You know, our department handles,
14 as Lori already said, the whole Community Based
15 Waiver, which is new for us. On the traditional
16 component we are now the administrator of that. But
17 historically, since the inception we've always handled
18 the Consumer Directed Option or, as we now call it,
19 Participant Directed Services. So as things are
20 mapped out and examined --

21 MR. CHRISTMAN: Which is not a small thing.

22 MS. WELLS: Oh, no.

23 MR. CHRISTMAN: Yeah.

24 MS. WELLS: We have over 12,000 individuals
25 who self-direct, so we're pretty busy, but I think as

1 we explore that component of waivers across this five
2 that have individuals who self-direct, I'm sure there
3 will be some really positive changes that can happen
4 with that. The Final Rule always is dictating to us a
5 little bit already, so I think it will be a good
6 thing.

7 MR. CHRISTMAN: SCL waiting list and slots.

8 MS. BLACKWELL: Hi. We have 2,303 people on
9 the waiting list. I'm Alice Blackwell. Sorry. And
10 we have remaining 60 slots right now.

11 REPORTER: I'm sorry, did you say 60 ore 16?

12 MS. BLACKWELL: 6-0.

13 REPORTER: Thank you.

14 MR. CHRISTMAN: How many people are being
15 served in SCL at this moment would you say?

16 MS. BLACKWELL: I'm looking over at Pam.
17 4,000 . . .

18 MS. SMITH: 4,000 -- hang on one second. I
19 can get the exact number.

20 MS. BLACKWELL: 700 and something?

21 MS. SMITH: Yeah. I think that's it. Yeah.

22 MS. BLACKWELL: Yeah.

23 MR. CHRISTMAN: Has that changed in the last
24 year or has that been steady?

25 MS. BLACKWELL: No, it's going up as --

1 MR. CHRISTMAN: It's going up. Yeah.

2 MS. BLACKWELL: -- we fill the, you know, 240
3 slots.

4 MR. CHRISTMAN: Oh, okay. So last year it
5 was --

6 MS. BLACKWELL: We still have 60 left.

7 MR. CHRISTMAN: So 240 less 60, so it
8 probably went up in the last year.

9 MR. GRESHAM: We should have a total of 4,941
10 and if we have 60 slots available, that means we have
11 4,881 slots available.

12 MS. SMITH: Yeah. We're at 4,940. We were
13 at 4,731 so we lost -- so we dropped some because it
14 fluctuates some from month to month and that was a
15 previous month, so . . .

16 MS. BLACKWELL: And people, you know, have
17 been allocated but they haven't actually engaged in
18 services yet. So there's still that delay to come.

19 MR. STEWART: The 60 remaining -- I'm sorry.
20 It's Christian Stewart. The 60 remaining slots, are
21 those for emergency fills at this point?

22 MS. BLACKWELL: Yes. People are bound to
23 meet emergency criteria if they're one of the ones.

24 MR. STEWART: And the 2300 plus on the
25 waitlist, are they -- is there -- are they racked and

1 stacked? You know, for instance, is there, you know,
2 is there a numbering system as far as where they are
3 on the waitlist depending on when they --

4 MS. BLACKWELL: There's not a -- there's not
5 a numbering system. There is -- they were placed
6 there on a certain date.

7 MR. STEWART: Um-hum.

8 MS. BLACKWELL: It's on that.

9 MR. STEWART: And the date really is not
10 necessarily where they're in line? It's just solely
11 dependent upon if they need emergency services or they
12 need urgent services?

13 MS. BLACKWELL: At this point that's how it's
14 been.

15 MR. STEWART: Okay.

16 MS. BLACKWELL: And, of course, if somebody
17 is on the future or the urgent waiting list, you know,
18 category and their needs change, then they would just
19 need to submit information to apply to be considered
20 for emergency.

21 MR. STEWART: And as far as that list for
22 what is required for one to be emergent, is that on
23 the Kentucky website?

24 MS. BLACKWELL: It's in regulation. And
25 we're currently working on information to be posted on

1 the website as I recall, so yeah.

2 MR. CHRISTMAN: Any other questions on the
3 slots? Well, this next item is something we've talked
4 about a lot over the months. The status of the
5 children's assessment for the Michelle P. Waiver.

6 MR. SHANNON: Michelle P. waiting list.

7 MR. CHRISTMAN: Huh?

8 MR. HARVEY: You skipped one.

9 MR. CHRISTMAN: Oh, I did? Oh, I'm sorry.

10 MR. HARVEY: The Michelle P. waiting list and
11 slots, are they on hold due to waiver redesign?

12 MR. CHRISTMAN: Oh, I thought -- okay. I'm
13 sorry. Michelle P. waiting list and slots, are they
14 on hold due to waiver redesign?

15 MS. CLARK: Pam, do you want to give him the
16 numbers?

17 MS. SMITH: Yeah. I can give him the
18 numbers. So right now we are at 5,878 on the Michelle
19 P. waiting list. And we're holding steady at about 62
20 percent are children, so we're at about 3,660 that are
21 less than 18 that are children. And so the last
22 active count was 10,177.

23 MR. CHRISTMAN: What was that last sentence?

24 MS. SMITH: 10,177 is our active -- our
25 active number.

1 MR. CHRISTMAN: Oh, okay. Any questions on
2 that?

3 Okay. I jumped the gun. Status of
4 children's assessment for Michelle P. Waiver.

5 MR. GRESHAM: We are looking at -- Earl. We
6 are looking at that as part of the waiver redesign.

7 MR. CHRISTMAN: Okay.

8 MS. HUNTER: And we'd greatly appreciate any
9 suggestions. I'm Jill Hunter. I'm the deputy -- I
10 didn't get a chance to introduce myself.

11 MR. CHRISTMAN: Yeah. Sorry.

12 MS. HUNTER: You skipped me. Made me sad for
13 a moment, but I recovered. Jill Hunter, Deputy
14 Commissioner, Medicaid.

15 MR. CHRISTMAN: You were in my peripheral
16 vision, I didn't --

17 MS. HUNTER: I'll stay right here. Anything
18 that's needed you look at the folks on the end, these
19 guys. I'll just sit here.

20 We would appreciate any input, and Lori has
21 the magic email and magic --

22 MS. GRESHAM: I've already handed them out.

23 MS. HUNTER: Good woman. That's exactly why
24 my right hand gets here before I do, and I apologize
25 for being late. Johnny and I were in another meeting,

1 so we apologize for being late.

2 MR. CHRISTMAN: Well, see, I think it's all
3 really important. It's really, really important.

4 MS. HUNTER: It's the reason --

5 MR. CHRISTMAN: Yeah.

6 MS. HUNTER: It's the reason I came back to
7 the department is to try to help these folks to try to
8 help you-all to try to move forward service for those
9 most fragile citizens.

10 MR. CHRISTMAN: But to make sure we have some
11 kind of a protocol --

12 MS. HUNTER: Absolutely, it is.

13 MR. CHRISTMAN: -- to assess eligibility and
14 -- do they exist?

15 MS. HUNTER: I think people smarter than me
16 would answer that question.

17 MS. GRESHAM: Children's assessments?

18 MR. CHRISTMAN: Yeah.

19 MS. GRESHAM: Across the United States
20 there's a few. There are no accredited children's
21 assessments that are across the state.

22 MR. CHRISTMAN: Does that mean to be valid --

23 MS. GRESHAM: Right.

24 MR. CHRISTMAN: -- they would need to be
25 accredited? Yeah.

1 MS. GRESHAM: All assessments are valid in
2 that you have a process. So that's one of the things,
3 again, Kentucky is looking to be leading the charge in
4 being a great 1915(c) home and community based waiver.
5 One of the things we will be looking at is assessments
6 across the board, not just children, but across the
7 board are we assessing folks appropriately, so . . .

8 MR. CHRISTMAN: Okay. Yeah. Other
9 questions? Go ahead.

10 MR. LANG: I didn't want you to adjourn
11 without this question. The electronic visit
12 verification rule coming down --

13 MS. GRESHAM: Yes.

14 MR. LANG: -- in 2019, we don't know how much
15 work providers are going to need to do, so . . .

16 MS. GRESHAM: We have started the process.
17 That jumped up on everyone very quickly and said, hey,
18 now we have to have EVV. We are gathering information
19 to see what -- how Kentucky wants to do that. There
20 are lots of different ways to do that. We are in the
21 very, very beginning processes of doing that. We're
22 looking at it across. We have -- our technology OATS
23 office working with us hand in hand to make sure that
24 our systems are where they need to be, not just for us
25 to say, oh, here's what we're going to do, figure it

1 out. We're looking at it across the board and, again,
2 we're in the very, very beginning stages.

3 At the conference they talked a lot about
4 EVV. The thing that concerns me is we won't have any
5 information from the secretary -- the big secretary of
6 Medicare and Medicaid Services until January of 2019
7 -- of 2018. And so that really only leaves us a year
8 to know what they want. We're trying not to jump the
9 gun because we don't have a lot of -- it was a very --
10 if you've not read it, it just says you have to have
11 an electronic visit verification if you go in and
12 provide personal care services. That's really all it
13 says. And so to just jump out and try and come up
14 with a system where we really don't know what CMS says
15 they want for that, it would be futile to do that.
16 But we are starting the process to kind of look at
17 what vendors are there. If you went to the HCBS
18 conference there were about, I think, 20 booths for --

19 MR. LANG: All there to help you.

20 MS. WELLS: Wow!

21 MS. GRESHAM: -- the EVV. So I got all of
22 their cards and Stacy Fish, who is with our technology
23 team, or OATS team, I've handed her all of those and
24 said, here you go. And so she's going to be setting
25 up kind of some conversations so that they can show

1 us.

2 There are a couple of other states -- I know
3 Florida has already done EVV. Tennessee has already
4 done EVV, and so they'll talk to us about what's
5 worked in the other states. But, again, until we know
6 what CMS wants from those electronic visit
7 verifications, we don't want to jump in and say, well,
8 this is what we're doing because then we may have to
9 go back and change. Because as we know, CMS has their
10 own set of rules.

11 MR. LANG: And there undoubtedly will be a
12 cost to them, either for the state or for the
13 providers.

14 MS. GRESHAM: Yes. One of the good things
15 that I did get at the conference was that as long as
16 we are showing what they called a good faith effort
17 that we were trying to be in -- begin implementation
18 by January of 2019, they're not going to ding us for
19 not being fully ready to go. So that made me feel
20 good because we can already show that we're doing a
21 good faith effort as a state to get that under way. I
22 think a lot of states are where we are in that you
23 want us to do what in people's homes and ask them to
24 do what? And then kind of coming up and saying, okay,
25 how do we do that, so . . .

1 MR. CALLEBS: Johnny Callebs with KAPP.

2 MR. CHRISTMAN: I forgot to introduce Johnny
3 too.

4 MR. CALLEBS: That's okay.

5 MR. HARVEY: You're just the president. I'm
6 sorry.

7 MS. HUNTER: It's hurtful, isn't it, Johnny?
8 In the peripheral vision, note to file.

9 MR. CALLEBS: Just a quick question. Do you
10 envision it being a standardized statewide process
11 with a single vendor or is it going to be left up to
12 individual providers to satisfy that requirement, or
13 do you know?

14 MS. GRESHAM: We don't know. So that both of
15 those ways are acceptable. CMS has said you can have
16 a single entity that everybody uses or you can have
17 multiple. We really don't know. I do know that one
18 of the things that we will be looking at is if you
19 already have one, having a system that talks to,
20 that's our goal. Now, whether we can get that --
21 we're, again, in the very beginning stages, but don't
22 know.

23 MR. CALLEBS: Thank you.

24 MS. GRESHAM: You're welcome.

25 MR. CHRISTMAN: Any other agenda items or

1 business or anything? I guess not. So, do we want to
2 set our next meeting?

3 MS. CLARK: Rick?

4 MR. CHRISTMAN: Um-hum.

5 MS. CLARK: Would you-all like to, since you
6 have to vote on a chair and co-chair --

7 MR. CHRISTMAN: Oh, do that?

8 MS. CLARK: -- would you-all, since you have
9 a quorum, would you like to go around and introduce
10 for her who you represent and then do a vote or --

11 MR. CHRISTMAN: Is that our pleasure? Do
12 that now? Might as well.

13 MR. HARVEY: Yeah.

14 MR. CHRISTMAN: You mean the members of the
15 committee?

16 MS. CLARK: Um-hum.

17 MR. CHRISTMAN: Yeah. For the benefit of the
18 minutes?

19 MS. CLARK: Yes. And just for the vote so
20 that we have it recorded.

21 MR. CHRISTMAN: Okay. Well, Rick Christman
22 is here and --

23 MR. GRESHAM: And if you could, who you
24 represent.

25 MS. CLARK: Yeah, who do you represent.

1 MR. HARVEY: I'm Wayne Harvey. I represent
2 KAPP for profit private providers.

3 MR. LANG: Clyde Lang representing
4 LeadingAge.

5 MR. STEWART: Christian Stewart, Michelle P.
6 Waiver recipient.

7 MS. BENTLEY: I'm Katie Bentley. I represent
8 the Commonwealth Council on Developmental
9 Disabilities.

10 MS. CLARK: Then did she --

11 MS. BROTHERS: I'm the ARC of Kentucky.

12 MR. GRESHAM: Mr. Lang, you're of LeadingAge.
13 Is that a for profit or not for profit?

14 MR. LANG: As the -- they just have one slot
15 and I guess that would be not for profit.

16 MR. CHRISTMAN: Sherri, would you like to be?

17 MS. BROTHERS: Sure. I don't mind.

18 MR. CHRISTMAN: Okay.

19 MS. BROTHERS: I'm learning, but I learn
20 fast.

21 MR. LANG: Does that all fit --

22 MS. CLARK: For the Kentucky Associated Homes
23 and Services for the Aging?

24 MR. LANG: Yes. Yes. LeadingAge, that's
25 their new name.

1 MS. CLARK: Yes. You are one.

2 MR. CHRISTMAN: So do we elect a chair?

3 MS. CLARK: Chair and co-chair.

4 MR. CHRISTMAN: Chair and co-chair. Sherri
5 has deigned --

6 MS. BROTHERS: I'll be the co-chair.

7 MR. CHRISTMAN: -- to be the chair.

8 MS. BROTHERS: No. I'll be the co-chair. I
9 don't think I'm ready to do that.

10 MR. CHRISTMAN: All right, guys.

11 MS. BROTHERS: Looks like you'll be the
12 chair.

13 MS. HUNTER: Do they have to follow the
14 normal process, like nominate and vote like -- okay.
15 So follow Robert's Rules of Order. So make a
16 nomination for each position and then vote -- I'm
17 sorry. Jill Hunter. Loud person in the corner. You
18 can just put that on there. They'll know who it is.
19 Go ahead and make -- nominate a chair first and then
20 nominate the co-chair.

21 MS. WELLS: And someone would need to make a
22 motion, it would need to be first and second and then
23 someone would ask for a vote. Tonia Wells.

24 MS. HUNTER: Other loud person in the corner.

25 MS. WELLS: Ditto.

1 MS. HUNTER: Ditto, that's right.

2 MR. HARVEY: Wayne Harvey. I make the
3 nomination Rick Christman is chair and Sherri is
4 co-chair.

5 MS. HUNTER: Is there a second?

6 MR. LANG: Second.

7 MR. STEWART: Second.

8 MS. CLARK: Double second.

9 MS. HUNTER: Do I hear a call for a vote?

10 MR. STEWART: Call of a vote.

11 MS. HUNTER: So all in favor of the party
12 nominated, aye?

13 (Voting members responded with aye.)

14 MS. HUNTER: So that's all ayes by voting
15 members. Any opposed? Any abstain? Moves forward.

16 MR. CHRISTMAN: You know how to get things
17 done.

18 MS. BROTHERS: Good job.

19 MS. HUNTER: I followed the rules.

20 MR. CHRISTMAN: Okay. And I think it's the
21 co-chair's responsibility to decide when the next
22 meeting is.

23 MS. BROTHERS: Really?

24 MR. CHRISTMAN: By statute.

25 MR. STEWART: It might be best to find out

1 when the Deputy Commissioner has a free day.

2 MS. HUNTER: Yeah. I can tell you when the
3 next meeting is. Hang on, let me look at my calendar.

4 MR. LANG: Well, and isn't it also efficient
5 to have it prior to the MAC --

6 MR. STEWART: To the MAC meeting, of course.

7 MR. CHRISTMAN: That's necessary.

8 MR. LANG: So that our recommendations --
9 yeah. We don't want it the week after the MAC.

10 MR. CHRISTMAN: Right.

11 MR. STEWART: So when is the next MAC?

12 MR. LANG: Do you have the next MAC date?

13 MS. HUNTER: I can get it. Bear with me.

14 MR. CHRISTMAN: And if we have a
15 recommendation, doesn't it have to be in like a week
16 before the MAC meeting, is that the protocol?

17 MS. HUNTER: Yes.

18 MR. LANG: So maybe two weeks before that
19 meeting.

20 MR. CHRISTMAN: Yeah.

21 MR. CALLEBS: It may need to be in two weeks.
22 Is it two weeks or one?

23 MR. STEWART: One week.

24 MR. CHRISTMAN: It is one?

25 MR. STEWART: Um-hum. I believe it is.

1 MS. HUNTER: We're checking on the next MAC
2 date. I apologize for not having that with me. The
3 next MAC date officially is -- Jill Hunter -- 9-28 and
4 the one following that is 11-16.

5 MR. LANG: 11?

6 MS. HUNTER: 16.

7 MR. CHRISTMAN: So we could meet on the 8th
8 or the 9th? 8th?

9 MR. HARVEY: 8th would be fine.

10 MR. LANG: I'm sorry, did you say that any
11 recommendations needed to be to them a week in
12 advance?

13 MR. STEWART: At least a week.

14 MS. HUNTER: I'd shoot for two if you can.

15 MR. STEWART: Two weeks. Okay.

16 MS. HUNTER: Because it needs to go into
17 Charla Hughes and then what Charla Hughes does is she
18 moves it forward through the department to ensure --

19 MR. LANG: Right.

20 MS. HUNTER: -- or your team moves it
21 forward, Dawn moves it forward to Charla and --

22 MR. CHRISTMAN: What about the 1st?

23 MR. STEWART: The 1st.

24 MR. CHRISTMAN: The 1st of November.
25 November 1st, 10 o'clock.

1 MR. STEWART: Ms. Hunter, November 1st on
2 Wednesday, is that a good day for you?

3 MS. HUNTER: It will be. Thank you. Yes.

4 MR. STEWART: Okay. Thank you.

5 MR. CHRISTMAN: It's important that you're
6 here.

7 MS. HUNTER: Lori, is that a good day for us?

8 MS. GRESHAM: I'm looking.

9 MS. HUNTER: And I know where to sit. So
10 where to be, where to sit.

11 MS. GRESHAM: Yeah, that's fine.

12 MS. HUNTER: Does that work for us? Okay.
13 It works for us. Lori said so. Thank you.

14 MR. CHRISTMAN: Location to be announced.

15 MS. WHEELER: Probably here.

16 MR. CHRISTMAN: Probably here. Okay.

17 MS. HUNTER: Dawn has the power to get us
18 this room. Keep doing it if it works.

19 MR. CHRISTMAN: Okay. I will try to get you
20 what we come up with an agenda by the 25th of this
21 month. So that was a good meeting I think. Thank you
22 very much, Lori. That was really informative. Very,
23 very great.

24 MR. LANG: We're adjourned?

25 MR. CHRISTMAN: Yes.

1 STATE OF KENTUCKY)
2) SS.
3 COUNTY OF JEFFERSON)

4 I, Michele P. Keown, a Notary Public, within
5 and for the State at Large, do hereby certify that the
6 foregoing meeting was taken before me at the time and
7 place and for the purposes in the caption stated; that
8 the meeting was reduced to shorthand writing by me;
9 that the foregoing is a full, true and correct
10 transcript of said meeting to the best of my ability.

11 I further certify that I am neither of
12 counsel nor of kin to the parties to this action, and
13 am in no way interested in the outcome of said action.

14
15 Witness my signature this 25th day of October, 2017.
16 My commission expires the 23rd day of August, 2019.

17
18
19 _____
20 Michele P. Keown
21 Notary Public
22 State at Large, Kentucky
23 Notary ID 538426
24
25

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